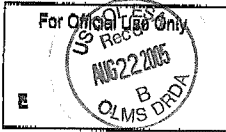


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10763</u>	2. Fiscal Year Covered From: <u>12</u> / <u>31</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>MARK</u> <u>B</u> <u>FUNK</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3035 LAMB ROAD</u> City <u>Columbus</u> State <u>OHio</u> ZIP Code + 4 <u>43219</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Worker L.U. #24</u> Labor Organization File Number <u>575009</u> P.O. Box, Building and Room Number, if any _____ Street <u>4949 Northcott Place</u> City <u>DAYTON</u> State <u>OHio</u> ZIP Code + 4 <u>45414</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Sheet Metal Workers #24 JATC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>3031 LAMB ROAD</u> City <u>Columbus</u> State <u>Ohio</u> ZIP Code + 4 <u>43219</u>	7.a. Nature of Interest, Transaction, or Income. <u>INDUSTRY PROMOTION WORK week</u> <u>EDUCATION FOR TRUSTEE TRAINING</u> <u>Rotate of Trustees</u> <u>Reimbursement for Motel, Plane</u>
7.b. Amount. <u>\$1353.93/00</u>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark B Funk</u>	On <u>8-15-05</u> Date	<u>614-471-8571</u> Telephone Number

Name of Person Filing <b>MARK B FUNK</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Sheet Metal Workers L.O. #24</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>4949 Northcott Place</u></p> <p>City <u>DAYTON, Ohio</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>45414</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Sheet Metal Workers L.O. #24 JATC</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>3031 LAMB Ave</u></p> <p>City <u>Columbus Ohio</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>43219</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>① Regional Apprenticeship contest</u>  <u>② APPRENTICE GRADUATION CEREMONY</u></p> <p style="text-align: center;">↓</p> <p>11.b. Approximate dollar value of such dealing. <u>\$167.29/100</u></p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. <u>82.98/100</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>